Screen Records

Now that the Exclusions Reasons have been configured, you can proceed with screening underlying studies to identify those that should be Included for your nest, or Excluded (for one of your configured Exclusion Reasons).

Note: If you are using Two-Pass Screening or Dual Screening, this process will differ slightly from the Standard workflow outlined below. See the Two-Pass Screening, Dual Screening, Dual Two-Pass Screening pages for more details!

Steps for Standard Screening:

1. Navigate to Screening

You can either Screen Sequentially (by selecting "Screening" in the menu, outlined in red below), where records will be shown to you in order of expected Inclusion Probability, or screen from Inspector (outlined in black).

Nest Home		Show Table of Contents	Protocol	Edit 🖉 🖁	Notes Your Mentions	All Mentions
Activity Settings		COVID-19: Antivirals (Dem	io)	1	Kathryn Cowie	20/07/21, 18:50
Literature Search Other Sources Duplicate Review Search Exploration			eview presenting the evidence regarding the safety and efficacy of anti-virals ing the treatment of COVID-19 as of January 2021.	s that had randomized	Karl Holub @Nicole Hardy @Kathryn Cowie I ha	20/07/21, 18:04 ave admin on this nest,
Screening	*		ening, tagging, and extraction completed in this review, as well as editing the ing and excluding records, editing the tagging hierarchy, and collecting tags a		so I copied in the old protocol!	
Tagging	*	underlying included studies. To follow a guided	walk-through of this demo, please visit our documentation.			
Study Inspector		If you have any questions, view our Documenta	ation using the "?" in the upper right, or <u>contact support</u> . Happy nest building!			
Synthesis Manuscript Editor Abstract Editor Export			systematic review of randomized controlled trials			
		32 St Paul, MN 55106				@ ~
		Keesari ^e , Yashwitha Sai Pulakurthi ^e 5 , Erin Sh	zational Affiliations Hannah Lyons ^{c,d} , Izzet Akosman ^c , Averi Barrett ^c 4 , Nicole Hardy ^c , Bernadet neffels ^{b^o} , Prasanth Balasubramanian ^a , Richa Chilbaa ^r , Spandana Chiltajallu ⁱ eb Zinn ^c , Nitin Gupta ^{h,J} , Kevin M. Kallmes ^c 7 , Kavitha Saravu ^{h,J} , and Jillienr	^g , Kathryn Cowie ^c 6 , J		Comment 4

2. Read study abstract

Last update: 2024/01/17 wiki:autolit:screening:exclude https://wiki.nested-knowledge.com/doku.php?id=wiki:autolit:screening:exclude&rev=1705513630 17:47

Nest Home	145 Suemori, 2021 Abstract Full Text Supplements Related Reports PMC V	↔	Navigation	^
Activity Settings	A multicenter non-randomized, uncontrolled single arm trial for evaluation of the efficacy and the safety of the			Skip
Literature Search Other Sources Duplicate Review Search Exploration	treatment with favipiravir for patients with severe fever with thrombocytopenia syndrome. Severe fever with thrombocytopenia syndrome (SFTS) is a bunyavirus infection with high mortality. Favipiravir has shown effectiveness in preventing and treating SFTS virus (SFTSV) infection in animal models. A multicenter non-randomized, uncontrolled single arm trial was conducted to collect data on the settive and the affectiveness of avairavir in treatment of SETS national.	Full Text Review Upload Full Text Exclude: Search Reasons	Screening	P(Inclusion): 0.77
Screening	biochemistry tests were performed at designated time points. Outcomes were 28-day mortality, clinical improvement, viral load evolution, and	Coearch Reasons	Select Reason	
Tagging Study Inspector Synthesis Manuscript Editor Abstract Editor Export	within one week (28-day mortality rate: 17.3%). Oral favipravir was well tolerated in the surviving patients. AEs (abnormal hepatic function and insomnia) occurred in about 20% of the patients. Clinical symptoms improved in all patients who survived from a median of day 2 to day10. SFTSV RNA levels in the patients who died were significantly higher than those in the survivors (p = 0.0029). No viral genomes were detectable in the surviving patients a median of 8 days after favipiravir administration. The 28-day mortality rate in this study was lower than those of the previous studies in Japan. The high frequency of hepatic dysfunction as an AE was observed. However, it was unclear whether this was merely a side effect of favipiravir, because liver disorders are commonly seen in SFTS patients. The results of this trial support the	Not an RCT of a drug Protocol or Methods a Systematic Review or Editorial, comment, or Not related to COVID- Update or guidelines a Qualitative review of e Include:	of interest rticle Meta-analysis opinion article 19 urticle xisting research Include Tagging	
		(Comments (0)	~
		+	History	\sim
	(Keywords			

Your task in screening should be to identify, based on the Abstract content, whether the record falls under any Exclusion Reason, or whether it is on-topic for your review and satisfies your criteria for inclusion.

The Screening page displays an abstract highlighted withRoboPICO, which is an open source fork of the models offered in RobotReviewer that identifies the Population, Interventions, and Outcomes in an abstract. Then, see on the right a panel to select Exclusion Reasons or Include the article in question.

Using the scite banner

Above your abstract, you can see the scite banner, which displays the number of times the publication in question was cited, supported, mentioned, and contrasted. If you click the banner, you can see more citation-related information provided by scite.ai, including retractions!

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History

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Nest Home	145 Suemori, 2021	Abstract Full Text Suppl	lements Related Reports	PMC 🗸	+	Navigation	^
Activity Settings			al for evaluation of the efficacy and th thrombocytopenia syndrome.	d the safety of the	Back	Concenting	Skip
Literature Search Other Sources Duplicate Review Search Exploration	Severe fever with thrombocytopenia s preventing and treating SFTS virus (S conducted to collect data on the safet	syndrome (SFTS) is a bunyavirus i SFTSV) infection in animal models. y and the effectiveness of favipira	infection with high mortality. Favipiravir has . A multicenter non-randomized, uncontroll vir in treatment of SFTS patients. All partic o twice a day for 7-14 days in total). SFTS	ed single arm trial was pants received favipiravir	↔ Full Text Review Upload Full Text Exclude:		P(Inclusion): 0.77
Screening			-	, viral load evolution, and	(Search Reasons		
Tagging 🐇	adverse events (AEs). Twenty-six pat within one week (28-day mortality rate		scite_ Smart Citations	of multi-organ failure ormal hepatic function	Not an RCT of a c	•	
Study Inspector Synthesis Manuscript Editor Abstract Editor Export	and insomnia) occurred in about 20% day10. SFTSV RNA levels in the patie detectable in the surviving patients a those of the previous studies in Japan this was merely a side effect of favipin effectiveness of favipinavir for patients	ents who died were significantly h median of 8 days after favipiravir n. The high frequency of hepatic of avir, because liver disorders are	 35 Citing Publications 0 Supporting 23 Mentioning 1 Contrasting 	a median of day 2 to No viral genomes were is study was lower than it was unclear whether of this trial support the	Editorial, commer Not related to CO Update or guidelin		
	Population/Problem Intervention	on Outcome Your F	View Citations See how this article has been cited at scite.ai		↔	Tagging Comments (0)	~
			scite shows how a scientific paper has been cited by providing the context of the citation, a classification describing whether it supports, mentions, or contrasts the cited claim, and a label indicating in which section the citation was made.		↔	History	~
	(Keywords	(Bit)	oliographic fields	^) (Edit)			

3. Decide if study should be Included or Excluded

If the abstract does not provide enough information for you to decide if it should be Included or Excluded, click on the study source button (in this case PubMed, see red arrow below) and source the full text of the study.

	you read the FULL TEXT and decide it should be included, check ox.	the "Full Text Revi	ew"
Nest Home	145 Suemori, 2021 Abstract Full Text Supplements Related Reports PMC V	↔ Navigation	^
Activity Settings			Skip
	A multicenter non-randomized, uncontrolled single arm trial for evaluation of the efficacy and the safety of the treatment with favipiravir for patients with severe fever with thrombocytopenia syndrome.	↔ Screening	~
Literature Search	Severe fever with thrombocytopenia syndrome (SFTS) is a bunyavirus infection with high mortality. Favipiravir has shown effectiveness in		P(Inclusion): 0.77
Duplicate Review	preventing and treating SFTS virus (SFTSV) infection in animal models. A multicenter non-randomized, uncontrolled single arm trial was	Upload Full Text	<u> </u>
Search Exploration	conducted to collect data on the safety and the effectiveness of favipiravir in treatment of SFTS patients. All participants received favipiravir	Exclude:	
Screening 🌣	orally (first-day loading dose of 1800 mg twice a day followed by 800 mg twice a day for 7-14 days in total). SFTSV RT-PCR and biochemistry tests were performed at designated time points. Outcomes were 28-day mortality, clinical improvement, viral load evolution, and	Search Reasons	٩)
	adverse events (AEs). Twenty-six patients were enrolled, of whom 23 were analyzed. Four of these 23 patients died of multi-organ failure	Select Reason	
Tagging 🌣	within one week (28-day mortality rate: 17.3%). Oral favipiravir was well tolerated in the surviving patients. AEs (abnormal hepatic function	Not an RCT of a drug of interest	
Study Inspector	and insomnia) occurred in about 20% of the patients. Clinical symptoms improved in all patients who survived from a median of day 2 to	Protocol or Methods article Systematic Review or Meta-analysis	
Study inspector	day10. SFTSV RNA levels in the patients who died were significantly higher than those in the survivors (p = 0.0029). No viral genomes were	Editorial, comment, or opinion article	
Synthesis	detectable in the surviving patients a median of 8 days after favipiravir administration. The 28-day mortality rate in this study was lower than	Not related to COVID-19	
Manuscript Editor	those of the previous studies in Japan. The high frequency of hepatic dysfunction as an AE was observed. However, it was unclear whether	Update or guidelines article	
Abstract Editor Export	this was merely a side effect of favipiravir, because liver disorders are commonly seen in SFTS patients. The results of this trial support the	Qualitative review of existing research	
	effectiveness of favipiravir for patients with SFTS.	Include:	
	Population/Problem Intervention Outcome Your Keywords	Include	
		++ Tagging	\sim
		↔ Comments (0)	~

Bibliographic fields

Keywords

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Exclude Records

If you read the abstract and find that one or more of your Exclusion Reasons (red box above) are applicable, click on the reason that applies to that specific study. This will apply your reason and automatically bring up the next study to be screened.

Include Records

If you read the abstract and find that none of your Exclusion Reasons apply, and that (based on information available to you) the publication in question is relevant to your review, select "Include" (see red box above).

Skipping a study

Having a hard time deciding whether to include or exclude a study? You can hit skip and leave it unscreened until you're ready to make a decision.

Nest Home	145 Suemori, 2021 Abstract Full Text Supplements Related Reports PMC >	+	Navigation	^
Activity Settings	A multicenter non-randomized, uncontrolled single arm trial for evaluation of the efficacy and the safety of the			Skip
Literature Search	treatment with favipiravir for patients with severe fever with thrombocytopenia syndrome.	+	Screening	^
Other Sources	Severe fever with thrombocytopenia syndrome (SFTS) is a bunyavirus infection with high mortality. Favipiravir has shown effectiveness in	Full Text Review (P(Inclusion): 0.77
Duplicate Review	preventing and treating SFTS virus (SFTSV) infection in animal models. A multicenter non-randomized, uncontrolled single arm trial was	Upload Full Te	ext	(1
Search Exploration	conducted to collect data on the safety and the effectiveness of favipiravir in treatment of SFTS patients. All participants received favipiravir	Exclude:		
Screening \$	orally (first-day loading dose of 1800 mg twice a day followed by 800 mg twice a day for 7-14 days in total). SFTSV RT-PCR and biochemistry tests were performed at designated time points. Outcomes were 28-day mortality, clinical improvement, viral load evolution, and	Search Reaso	ns	٩)
	adverse events (AEs). Twenty-six patients were enrolled, of whom 23 were analyzed. Four of these 23 patients died of multi-organ failure		Select Reason	
Tagging 📫	within one week (28-day mortality rate: 17.3%). Oral favipiravir was well tolerated in the surviving patients. AEs (abnormal hepatic function	Not an RCT of a	a drug of interest	
	and insomnia) occurred in about 20% of the patients. Clinical symptoms improved in all patients who survived from a median of day 2 to	Protocol or Meth		
Study Inspector	day10. SFTSV RNA levels in the patients who died were significantly higher than those in the survivors (p = 0.0029). No viral genomes were		iew or Meta-analysis	
	detectable in the surviving patients a median of 8 days after favipiravir administration. The 28-day mortality rate in this study was lower than		ent, or opinion article	
Synthesis		Not related to C		
Manuscript Editor Abstract Editor	those of the previous studies in Japan. The high frequency of hepatic dysfunction as an AE was observed. However, it was unclear whether	Update or guide		
Export	this was merely a side effect of favipiravir, because liver disorders are commonly seen in SFTS patients. The results of this trial support the	Qualitative revie	w of existing research	
	effectiveness of favipiravir for patients with SFTS.	Include:		
	Population/Problem Intervention Outcome Your Keywords		Include	
		+	Tagging	\checkmark
		+	Comments (0)	\sim
		+	History	\sim
	(Keywords ^) (Bibliographic fields ^) (Edit)			

Add Exclusion Reasons on the Fly

You can add Exclusions Reasons as you screen without leaving the Screening page. To do so, in the Screening module, open the Exclusion Reason drop-down and begin typing in an Exclusion Reason.

If the reason of interest has not yet been configured, you will be presented with the ability to "Add Option." Select this option, and write out your full Exclusion Reason. Once you have added it, it will be added to the Exclusion Reason drop-down and the Configure Exclusion Reasons page, and will be automatically applied to the study you are currently screening. To confirm that the new reason should

Unscreening a study

If you have included or excluded a study that you want to revert to 'unscreened' status so that it can be reviewed again, you can unscreen it by finding the study of interest in Study Inspector, and then selecting the icon next to the Include button on the study you want to unscreen. A pop-up will appear and you can then click "Unscreen" to unscreen that single study.

Note: if you want to unscreen multiple studies, you can also do so using Bulk Actions!

Nest Home		145 Suemori, 2021	Abstract Full Text Supplements	Related Reports	PMC 🗸	(Navigation	^
Activity Settings		A multicenter non-rando	mized, uncontrolled single arm trial for ev	valuation of the efficacy and th	a safety of the			Skip
Literature Search	\prec		r for patients with severe fever with throm		e salety of the	⇔	Screening	^
Other Sources		,	openia syndrome (SFTS) is a bunyavirus infection v	° , .		Full Text Review		P(Inclusion): 0.77
Duplicate Review Search Exploration			virus (SFTSV) infection in animal models. A multice			Upload Full Text		£)
Search Exploration			ne safety and the effectiveness of favipiravir in treat f 1800 mg twice a day followed by 800 mg twice a			Exclude:		
Screening	\$		med at designated time points. Outcomes were 28			Search Reasons		٩)
	\leq	, ,	-six patients were enrolled, of whom 23 were analy	, ,, ,			Select Reason	
Tagging	*	within one week (28-day mort	ality rate: 17.3%). Oral favipiravir was well tolerated	in the surviving patients. AEs (abnor	mal hepatic function	Not an RCT of a d	0	_
Study Inspector		and insomnia) occurred in abo	out 20% of the patients. Clinical symptoms improve	d in all patients who survived from a	median of day 2 to	Systematic Review		
,	-	,	he patients who died were significantly higher than	· · · · · · · · · · · · · · · · · · ·	0	Editorial, comment		
Synthesis		01	ients a median of 8 days after favipiravir administra			Not related to COV	/ID-19	
Manuscript Editor Abstract Editor			n Japan. The high frequency of hepatic dysfunction			Update or guidelin		
Export		this was merely a side effect of favipiravir, because liver disorders are commonly seen in SFTS patients. The results of this trial support the effectiveness of favipiravir for patients with SFTS.		Qualitative review of existing research				
	_		ntervention Outcome Your Keywords			Include:	Included	Ø
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						+	Comments (0)	~
						(†	History	~
		Keywords	Bibliographic	fields	∧ (Edit)			

Note: Anytime there is a module box with the adjustable icon, you can drag to adjust the width of the box depending on your preference.

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			March and Arm	
Nest Home Activity	145 Suemori, 2021 Abstract Full Text Supplements Related Reports PMC V	4	Navigation	^
Settings	A multicenter non-randomized, uncontrolled single arm trial for evaluation of	(Back)		(Skip)
	the efficacy and the safety of the treatment with favipiravir for patients with	+	Screening	^
Literature Search	severe fever with thrombocytopenia syndrome.		Review	P(Inclusion): 0.77
Duplicate Review	Severe fever with thrombocytopenia syndrome (SFTS) is a bunyavirus infection with high	Upoad	d Full Text	<u>(</u> 1
Search Exploration	mortality. Favipiravir has shown effectiveness in preventing and treating SFTS virus (SFTSV)	Exclude		
Screening 🍅	infection in animal models. A multicenter non-randomized, uncontrolled single arm trial was		h Reasons	۹)
	conducted to collect data on the safety and the effectiveness of favipiravir in treatment of SFTS patients. All participants received favipiravir orally (first-day loading dose of 1800 mg twice a		Select Reason	
Tagging 🌼	day followed by 800 mg twice a day for 7-14 days in total). SFTSV RT-PCR and biochemistry	Not an F	RCT of a drug of interest	
	tests were performed at designated time points. Outcomes were 28-day mortality, clinical	Protocol	or Methods article	
Study Inspector	improvement, viral load evolution, and adverse events (AEs). Twenty-six patients were		atic Review or Meta-analysis	
Synthesis	enrolled, of whom 23 were analyzed. Four of these 23 patients died of multi-organ failure within		l, comment, or opinion article ted to COVID-19	
Manuscript Editor	one week (28-day mortality rate: 17.3%). Oral favipiravir was well tolerated in the surviving		or guidelines article	
Abstract Editor	patients. AEs (abnormal hepatic function and insomnia) occurred in about 20% of the patients.	Quaitati	ive review of existing research	
Export	Clinical symptoms improved in all patients who survived from a median of day 2 to day10.	Include	:	
	SFTSV RNA levels in the patients who died were significantly higher than those in the survivors		Included	0
	(p = 0.0029). No viral genomes were detectable in the surviving patients a median of 8 days			
	after favipiravir administration. The 28-day mortality rate in this study was lower than those of	+	Tagging	~
	the previous studies in Japan. The high frequency of hepatic dysfunction as an AE was observed. However, it was unclear whether this was merely a side effect of favipiravir, because	(+)	Comments (0)	~
	liver disorders are commonly seen in SFTS patients. The results of this trial support the effectiveness of favipiravir for patients with SFTS.	++	History	~
	Population/Problem Intervention Outcome Your Keywords			
	(Keywords ^) (Bibliographic fields ^) (Edit)			

4. Upload the Full Text

In general, uploading a Full Text should be completed only for Included records, and doing so assists in preparing the Tagging step.

For instructions on how to upload a Full Text PDF, click here.

No Full Text

If you cannot source a full text for the study in question, you can assign a specific exclusion reason as signifying "No Full Text" within the PRISMA. For those records, first configure an Exclusion Reason as "No Full Text" (or equivalent) in the Configure Exclusion Reasons page.

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Add	Exclusion Reasons Your Keywords	PRISMA settings 🖫 Imp	port Se	et 💎
	Reason	Excluded Records	Ø	団
\vdots $\langle \rangle$ Not an RCT of a drug of interest		29	Ø	団
\vdots $\langle \rangle$ Protocol or Methods article		16	Ø	団
Systematic Review or Meta-analysis		7	Ø	団
\vdots \bigcirc Editorial, comment, or opinion article		6	Ø	団
		5	Ø	団
\vdots (>) Update or guidelines article		5	Ø	団
\vdots $\langle \rangle$ Qualitative review of existing research		4	Ø	団
E Published Before 2019-11-01		1	Ø	団
\vdots (>) In vitro, in silico, or in vivo study		1	Ø	団
🗄 < > Prophylaxis Not Treatment		1	Ø	団
Biased Subpopulation		1	Ø	団
\vdots \bigcirc Not Published in English		0	Ø	団
:: (>) Technical note		0	Ø	団
🗄 🤇 > Case Study		0	Ø	団
E Pediatric study		1	Ø	団

Then select PRISMA Settings and select an exclusion reason to signify as No Full Text.

	Evaluaian Dagaana Vaur Vaur Vaur
í	PRISMA settings
n	Select an exclusion reason to represent "No full text" in the PRISMA diagram.
С	No Exclusion Reason Selected
r	Close
ria	I, comment, or opinion article

Implications: Marking "No Full Text" is a special PRISMA category, so the specific reason you configure for this purpose will be given its own listing in your PRISMA chart.

5. Upload Supplementary Materials

If you want to upload supplementary files to a specific record, you can do so in the Supplements tab. To upload supplements, follow these instructions.

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6. Mark Related Reports

If you come across several studies as related to one another, you can mark it as a related report in the Related Reports tab. Then, the software will automatically adjust the PRISMA diagram to reflect this. To mark a paper as a related report, follow these instructions.

7. **Optional:** Applying Tags during Screening

If you wish to apply preliminary tags in the Screening stage, you may do so. Form-based Tagging mode is the default Tagging mode– this type of data extraction presents questions in a form to be answered. Learn how to configure form-based questions, which can be applied at the preliminary stage.

If you prefer to apply tags from a dropdown selection, you may want to switch to Standard Tagging mode instead. This can easily be switched back to Form-based later on if you prefer. Learn how to configure standard tags to apply at the preliminary stage.

Once configured, apply these tags during Screening using the Questions or Tagging right-hand menu item:

Nest Home Activity	1240 Hu, 2023 Abstract Full Text Supplements Related Reports	Navigation	(Skip)
Activity Settings Literature Search Other Sources Duplicate Review Search Exploration Adjudicate Screening Adjudicate Screening Adjudicate Screening Critical Appraisal Study Inspector Synthesis Dashboard Editor Abstract Editor Abstract Editor	Intra-arterial TNK Following Endovascular Thrombectomy in Patients With Large Vessel Occlusion of Posterior Circulation Brief Summary: Rationale: Recently, one prospective multicenter RCT reported a potential beneficial effect of intra-arterial alteplase following successful endovascular thrombectomy (EVT) in patients with an acute intracranial large vessel occlusion. In 2018, another prospective multicenter RCT supported the superiority of tenecteplase over alteplase in ischemic stroke patients with large vessel occlusion. Objective: To assess the effect of EVT in addition to intra-arterial tenecteplase compared to EVT alone, in patients with large vessel occlusion of posterior circulation, on functional and safety outcomes. Study design: This is a parallel group, fandomized clinical trial of EVT with IA-TNK versus EVT. The trial has observer blind assessment of the primary outcome and of neuro-imaging at baseline and follow-up. Study population: Patients with acute intracranial large vessel occlusion of posterior circulation and an erICI 2b-3 after EVT. Main study parameters/outcomes: The primary effect parameter will be excellent functional status at day 90 defined as a modified randomization, stroke severity (NIHSS) and collaterals and adjusted and unadjusted estimates with corresponding 95% confidence intervals will be reported. Detailed Description: Study Type: Interventional Actual Enrollment: 208 participants Status (as of import): Recruiting Population/Problem Intervention Outcome Ou	Abstract Screening Full Text Review Full Text Review Select Reason Sudy Design Excluded: Not an RCT Excluded: Editorial Excluded: Editorial Excluded: Retrospective Study Excluded: Secondary analysis Excluded: In vitro study Advance Autonce Ouestions (0/17) Interventions Interventions: What interventions/comparators were Select Tag Annotate or Enter Text	(Skp)
	(Keywords ^) (Bibliographic fields ^) (Edit)		1.

8. Continue Screening

Once you have clicked "Include" or "Exclude" (or "skip") for any study, you should be automatically shown the next study.

If you are screening from Inspector, you can use the arrows in the far left and right of the screen to

navigate up or down, respectively, or click out to view the Inspector study list.

Duplicates

If you find a study that was not automatically de-duplicated, click Related Reports, select Mark Duplicate, and then select the original study. Completing this action will remove the study from your screening queue and put it in the duplicate queue.

Learn more about Related Reports here.

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Permanent link: https://wiki.nested-knowledge.com/doku.php?id=wiki:autolit:screening:exclude&rev=1705513630

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